

| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |            | Docket Number (Optional)   |
|---|------------|----------------------------|
| FY 2006   |            | STL11454/390-039-USP       |
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |            |                            |
| Application Number  | 10/719,606 | Filed November 21, 2003    |
| For Scratch Fill Using Scratch Tracking Table   |            |                            |
| Art Unit  | 2113       | Examiner GUYTON, Philip A. |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |            |                            |
|   | <u>Fee</u> | <u>Small Entity Fee</u>    |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60 \$ _____              |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225 \$ _____             |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020     | \$510 \$ 1020.00           |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795 \$ _____             |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080 \$ _____            |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |                            |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |                            |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |                            |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |                            |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3199 I have enclosed a duplicate copy of this sheet.                              |            |                            |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  |            |                            |
| I am the <input type="checkbox"/> applicant/inventor.   |            |                            |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |            |                            |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____   |            |                            |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 42,668  |            |                            |
| /Richard J. Holzer, Jr./  |            | 6 September 2007           |
| Signature   |            | Date                       |
| Richard J. Holzer, Jr.  |            | 720-377-0774               |
| Typed or printed name   |            | Telephone Number           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |                            |
| <input checked="" type="checkbox"/> Total of 1 forms are submitted.   |            |                            |

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*